

**RESPONSE
TRANSMITTAL**

Docket No.:	C00-033 CON/COG-P055US	Total Pages:	16
Application No.:	09/842,948		
Filing Date:	04/27/2001		
First Named Inventor:	John Petry		
Art Unit:	2191		
Examiner Name:	Wang, Rongfa Philip		

ITEMS INCLUDED:

ADDRESS TO: Mail Stop Amendment Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

1. Supplemental/Replacement Response.
 After Final.
2. Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____; accordingly the appropriate non-small-entity fee is (\$.00).
 Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$.00).
3. Substitute Specification.
4. Information Disclosure Statement (IDS)/PTO-1449.
 Copies of IDS citations.
5. Drawing(s) (35 USC 113) (Total Sheets: _____)
 Informal, for approval of changes Formal
6. Excess claim fees:

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
52	-20 or HP= 0	x **	0	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				** 0

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	** Refer to PTO Fee Schedule.
5	-3 or HP= 0	x **	0	
HP = highest number of independent claims paid for, if greater than 3.				

7. Other Fees:
8. A check in the amount of the above-noted fees is enclosed.
9. Payment by credit card. Form PTO-2038 is attached.
10. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (03-2357). A duplicate copy of this sheet is enclosed for this purpose.
11. Other Enclosure(s):
12. Remarks: This Suppl. Response is being submitted to correct the Listing of Claims in the Response filed 11/17/2008, which accompanied an RCE filed on the same date.

RESPONSE TRANSMITTAL
(Executed Attachment to Page 1)

Page 2

CERTIFICATE OF TRANSMISSION/MAILING	
<input type="checkbox"/> I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
<input checked="" type="checkbox"/> I hereby certify that this correspondence is being transmitted to the USPTO via electronic/EFS filing on the date shown below.	
Signature /Anthony L. Miele Reg.#34393/	
Typed or printed name Anthony L. Miele	Date 12/11/2008

Respectfully submitted,

Dated: 12/11/2008

By: /Anthony L. Miele Reg.#34393/
Anthony L. Miele, Attorney for Applicant(s)
Registration Number 34,393
Customer Number 23459 (Cognex Corp.)
Miele Law Group PC
165 Main Street, Suite 304
Medway, MA 02053
Phone: 508-533-4410 Fax: 508-319-3001